



2012- 2013 Indiana AmeriCorps*State APPLICATION INSTRUCTIONS

Issued September 14, 2011

Due November 1, 2011



OFFICE OF FAITH-BASED AND COMMUNITY INITIATIVES

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OMB Control #: 3045-0047

Expiration Date: 5/31/2012

IMPORTANT NOTICE

These application instructions conform to the Corporation for National and Community Service's online grant application system, [eGrants](https://www.eGrants.gov). All funding announcements by the Corporation for National and Community Service (CNCS or the Corporation) are posted on www.nationalservice.gov and www.grants.gov.

Public Burden Statement: Public reporting burden for this collection of information is estimated to average 40 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Amy Borgstrom, 1201 New York Avenue, NW, Washington, D.C. 20525. CNCS informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page one are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

Privacy Act Notice: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The information requested on the AmeriCorps Application Instructions is collected pursuant to 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. 4953 of the Domestic Volunteer Service Act of 1973 as amended. Purposes and Uses - The information requested is collected for the purposes of reviewing grant applications and granting funding requests. Routine Uses - Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. Executive Summaries of all compliant applications received and applications of successful applicants will be published on the CNCS website as part of ongoing efforts to increase transparency in grantmaking. This is described in more detail in the *Notice of Federal Funding Opportunity*. The information will not otherwise be disclosed to entities outside of AmeriCorps and CNCS without prior written permission. Effects of Nondisclosure - The information requested is mandatory in order to receive benefits.

Federal Funding Accountability and Transparency Act: Grant recipients will be required to report at www.FSRS.gov on all subawards over \$25,000 and may be required to report on executive compensation for recipients and subrecipients. Recipients must have the necessary systems in place to collect and report this information. See 2 C.F.R. Part 170 for more information and to determine how these requirements apply.

Universal Identifier: Applications must include a Dun and Bradstreet Data Universal Numbering System (DUNS) number and register with the Central Contractor's Registry (CCR). All grant recipients are required to maintain a valid registration, which must be renewed annually.

TABLE OF CONTENTS

Important Notice	2
New and Recompeting Programs	4
Application Resources	4
Submitting Your Application.....	5
I. Narratives	5
II. Performance Measures	14
III. Documents	14
IV. Budget Instructions	15

Tables

Table 1: Requirements in the AmeriCorps Regulations	4
Table 2: Match Requirements in the AmeriCorps Regulations	16

ATTACHMENTS

A. Service Categories (Performance Measures Section)	27
B. Performance Measure Worksheet (Performance Measures Section)	28
C. Budget Worksheet.....	30
D. Fixed-Amount Budget Worksheet	34
E. Budget Checklist.....	35
F. Alternative Match Instructions	37
G. Beale Codes and County-Level Economic Data.....	39

NEW AND RECOMPETING PROGRAMS

Application Resources

Dates: Applications are due to OFBCI **November 1, 2011** at 5:00 p.m. Eastern Time.

Please use these application instructions if you are a new or recompeting applicant applying for the following grants: State and National Competitive including Professional Corps, State and National Education Award Programs (EAPs), Full-time Fixed-amount grants, States and Territories without Commissions, and Indian Tribes.

Use these instructions in conjunction with the 2012 *Notice of Federal Funding Opportunity (Notice)*, and the AmeriCorps Regulations, 45 CFR §§ 2520–2550. **The Notice includes deadlines, eligibility requirements, submission requirements, maximum amount of funding per Member Service Year (MSY),¹ and other information that changes each year for all AmeriCorps grant programs.**

The AmeriCorps regulations include pertinent information (see Table 1, below). The *Notice* can be found at http://www.americorps.org/for_organizations/funding/nofa.asp. The full regulations are available online at www.gpoaccess.gov/ecfr.

Table 1: Requirements in the AmeriCorps Regulations

Topics	Citation in the AmeriCorps Regulations
Member Service Activities	§2520.20 - §2520.55
Prohibited Activities	§2520.65
Tutoring Programs	§2522.900-2522.950
Matching Funds	§2521.35-2521.90
Member Benefits	§2522.240-2522.250
Calculating Cost Per Member Service Year (MSY)	§2522.485
Performance Measures	§2522.500-2522.650
Evaluation	§2522.500-2522.540 and §2522.700-2522.740
Selection Criteria and Selection Process	§2522.400-2522.475

If there is any inconsistency between the AmeriCorps regulations, the *Notice*, and the Application Instructions, the order of precedence is as follows:

1. AmeriCorps regulations 45 CFR §§ 2520–2550 take precedence over the
2. *Notice of Federal Funding Opportunity*, which takes precedence over the
3. Application Instructions.

¹ One MSY is equivalent to at least 1700 service hours, a full-time AmeriCorps position. The CNCS cost per MSY is determined by dividing the CNCS share of budgeted grant costs by the number of MSYs requested in the application. It does not include childcare or the cost of the education award.

New and Recompeting Applicants Submitting Your Application

Dates: Applications are due **November 1, 2011** at 5:00 p.m. Eastern Time.

Your application consists of the following components. Make sure to complete each section.

- I. Application Narrative
- II. Performance Measures Worksheet
- III. Budget Worksheet
- IV. Proof of 501 © 3 Status (if applicable)
- V. A copy of the organization's most recent audited financial statements, including an A-133 audit, if applicable. If your organization has not had a formal audit, please submit the organization's most recent financial reports.

All items must be received by our office by the deadline, Tuesday, November 1, 2011 at 5:00 P.M. (Eastern Time). Items may be submitted via email to Jeremy Gaskill at jgaskill@ofbci.in.gov.

NOTE: Any submission that fails to meet all application requirements will not be reviewed.

Narratives

The narrative section of the application is your opportunity to convince reviewers that your project meets the selection criteria. Below are some general recommendations to help you present your project in a way the reviewers will find compelling and persuasive.

- **Lead from your program strengths and be explicit.** Do not make the mistake of trying to stretch your proposed program description to fit each funding priority and special consideration articulated in the regulations or the *Notice*.
- **Be clear and succinct.** Reviewers are not interested in jargon, boilerplate, rhetoric, or exaggeration. They are interested in learning precisely what you intend to do, and how your project responds to the selection criteria presented below.
- **Avoid circular reasoning.** The problem you describe should not be defined as the lack of the solution you are proposing.
- **Explain how.** Avoid simply stating that the criteria will be met. Explicitly describe how the proposed project will meet the criteria.
- **Don't make assumptions.** Even if you have received funding from CNCS in the past, do not assume your reviewers know anything about you, your proposed program, your partners, or your beneficiaries. Avoid overuse of acronyms.
- **Use an impartial proofreader.** Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.

- **Follow the instructions and discuss each criterion in the order they are presented in the instructions.** Use headings to differentiate narrative sections by criterion.

You may not exceed 24 double-spaced pages for the Narratives, including the Executive Summary. This limit does not include the budget and performance measures. Narratives should be created and submitted in Word format.

External and staff reviewers will assess your application against the selection criteria. The bullets that follow the criteria are recommendations on how to best respond to the criteria. To best respond to the criteria, we suggest that you include a brief discussion of each bullet if it pertains to your application.

A. Executive Summary

Please provide a one-paragraph executive summary of your proposed program. This summary must be one-half page or less. The summary should include who, what, where, when, and why:

- Who will be serving? Who will be served?
- What will the AmeriCorps members do?
- Where will the activity take place?
- When does the project begin and end?
- What is the expected outcome(s) of the project?

You may fill in the blanks in the following template to complete your executive summary.

[Number of] AmeriCorps members will leverage an additional [number of leveraged volunteers, if applicable] to [what the members will be doing] in [where they will be working]. At the end of the [duration of project] period, [anticipated outcome of project]. This project will focus on the CNCS focus area of [Focus Area(s)]. The CNCS investment of \$[amount of request] will be matched with \$[amount of projected match].

CNCS will post these summaries on **www.nationalservice.gov** in the interest of transparency and Open Government.

B. Selection Criteria

Each application must clearly describe a project that will effectively deploy AmeriCorps members to solve a significant community problem.

1. Rationale and Approach/ Program Design (50 percent)

In assessing Rationale and Approach/ Program Design, reviewers will examine the degree to which the applicant demonstrates how AmeriCorps members are particularly well-suited to solving the identified community needs.

Specifically, reviewers will assess the extent to which the applicant:

- Provides persuasive evidence that the identified needs exist in the targeted community(ies). (5 points)

- Describes the ways in which AmeriCorps members are a highly effective means to solving the identified community needs, including the unique value added by AmeriCorps. (15 points)
- Describes how the interventions the AmeriCorps members and volunteers are or will be engaged in are both evidence-based and will have a measurable community impact. The intervention is evidence-based if programs can demonstrate community impact and solve community problems through an evidence based approach (e.g. performance data, research, theory of change). (15 points)
- Describes the program components that enable the AmeriCorps members to have powerful service experiences that increase community impact and lead to continued civic participation and connectivity with other AmeriCorps and national service participants. (10 points)
- Convincingly links four major elements: (1) the need(s) identified, (2) the intervention that will be carried out by AmeriCorps members and community volunteers, (3) the ways in which AmeriCorps members are particularly well-suited to deliver the intervention, and (4) the anticipated outcomes. (5 points)

Recompeting grantees must describe their efforts and impact to date, and provide persuasive evidence that they should continue to be funded. If a new applicant is already working to meet the community need identified in the application, the applicant should describe how the proposed use of AmeriCorps members will add value, i.e., be more effective than what is currently being implemented, or enhance existing efforts. Include what the applicant's efforts and impact have been to date.

In discussing how you will meet the criteria, please include your response to the following:

a. Need

Describe the community need(s) you will be working on. Why did you choose this need? Provide documentation of the extent/severity of the need in the target community. Describe the target community. Why did you select this population to be served?

b. Value Added: AmeriCorps Member Roles and Responsibilities

What will members do? Give examples of specific proposed member activities. Why are the members a highly effective means to solve the identified community need? What is the added value of the AmeriCorps members' service? How many members are you requesting? What types of slots (service terms) are needed for these members? If you are requesting different slot types, explain how the different slot types align with your program design and activities.

c. Evidence-Based

Describe how the interventions the AmeriCorps members and volunteers will be engaged in are both evidence-based and will have a measurable community impact.

d. Member Experience

Describe the program components that enable the AmeriCorps members to have powerful service experiences that increase community impact and lead to continued civic participation and connectivity with other AmeriCorps and national service participants. Demonstrate how you will

provide structured opportunities for participants to reflect on and learn from their service which will result in a quality member experience and promote a lifelong ethic of service and civic responsibility. Describe how your program will ensure that members are aware they are AmeriCorps members and identify as such to community members, partners, and the general public. Describe how you will connect your members with each other, with other AmeriCorps members and national service participants in the local communities in which they serve, with other AmeriCorps and national service participants in the state, and nationally. How will your program foster a sense of connection and identity with the AmeriCorps brand?

e. Overall Picture

How does your program design link: (1) the need(s) identified, (2) the intervention that will be carried out by AmeriCorps members and community volunteers, (3) the ways in which AmeriCorps members are particularly well-suited to deliver the intervention, and (4) the anticipated outcomes?

f. AmeriCorps Member Selection, Training, and Supervision

Describe your plans for recruiting members for your program. Describe how members will be included from the local communities to be served by your program. If you will be recruiting and engaging traditionally underrepresented populations, please describe the organization's history with working with those populations or how it will ensure success if this is a new population being recruited. Underrepresented populations may include new Americans, low-income individuals, rural residents, older Americans, veterans, members of faith-based organizations, communities of color, Native Americans and people with disabilities.

Describe your plan for orienting members to AmeriCorps, the community they are serving, their placement site, and to the service they will perform. Describe how you will ensure that training provided to members will prepare members to perform all the activities they will engage in during their term of service. Describe, as necessary, the ongoing training provided to members throughout their terms. What are the anticipated training topics and the timeline for member training? How and when will you ensure that members are aware of prohibited activities? What, if any, program design and/or member or staff training changes will be made to ensure a positive member experience for underrepresented populations?

Describe your plan for supervising members, and how it ensures that members will receive adequate support and guidance throughout their terms. Who will supervise the AmeriCorps members? Describe how supervisors are selected and trained. Describe how your program provides training, oversight, and support to supervisors.

g. Outcome: Performance Measures

What is the overall change you want to see by the end of the three-year grant cycle? What demonstrable impact will your program have? How will you measure impact? How will you report on this on an annual basis? How did you determine your performance measure targets?

Current Grantees Only: What impact has your program had? How successful have you been in tackling the identified problem?

h. Volunteer Generation

Describe how the proposed program will recruit volunteers to expand the reach/impact in the community. How will volunteers help meet the identified community needs and what will be their role(s)? What role will AmeriCorps members have in volunteer recruitment and management? If you are requesting a waiver of the requirement to recruit or support volunteers (see 45 CFR § 2520.35), enter the rationale in the waiver justification field (see p. 6).

i. Tutoring Programs Only

If you are proposing to operate a tutoring program, describe how your process complies with AmeriCorps requirements for member tutoring qualifications. Members who tutor must have a high school diploma, and successfully complete high-quality, research-based pre- and in-service training for tutors. This requirement does not apply to a member enrolled in a secondary school who is providing tutoring through a structured, school-managed cross-grade tutoring program.

Describe how your strategy for training members complies with AmeriCorps requirements for member tutor training that is high quality and research based, consistent with the instructional program of the local agency and with state academic content standards [section 1111 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311)], includes appropriate member supervision by individuals with expertise in tutoring, and provides specialized pre-service and in-service training consistent with the activities the member will perform.

2. *Organizational Capability (25 percent)*

Reviewers will assess the extent to which:

- The organization has the experience, staffing, and management structure to plan, implement and evaluate the proposed program.
- The organization has secured, or describes an effective plan for securing, the financial and in-kind resources necessary to support program implementation and to demonstrate community stakeholder support.
- The organization has the ability and structure to ensure its and its subgrantees and/or service locations' compliance with AmeriCorps rules and regulations including prohibited activities.
- Multi-state applicants have consulted with state and territory service commissions to ensure non-duplication and coordination of CNCS resources.
- Current or previous AmeriCorps grantees filled the member positions they were awarded and retained the AmeriCorps members they enrolled or have provided an explanation for less than 100% enrollment and retention.
- Current or previous AmeriCorps grantees have met performance targets and demonstrated compliance with grant terms and conditions.

In discussing how you will meet the criteria, please include your response to the following:

a. Organizational Background and Staffing

Provide the organization's mission and a brief history. Identify the primary and secondary contacts for the grant application. Describe your organization's prior experience administering AmeriCorps grants or other federal funds. Describe your organization's experience raising funds to support service activities and initiatives. Please list all sources of organizational funding in

this section, and what percent the proposed AmeriCorps project represents in your budget. If you have received support from CNCS during the last five years, please specify what type of support you received. What percentage of your total funding comes from CNCS?

Explain your organization's management structure and how the board of directors (if applicable), administrators, and staff members will support your program.

If you already operate an AmeriCorps program, describe how it is integrated and supported within your organization. Provide evidence that you have managed the program well, have performed satisfactorily, and have a record of compliance and responsiveness.

Who will staff the AmeriCorps program and what is their specific role? What is their relevant experience? If positions are currently vacant, please describe the desired qualifications for each open position. What are your plans for providing financial and programmatic orientation; training and technical assistance; and monitoring program and service sites for compliance?

b. Sustainability

Outline your plans for ensuring that the impact of your program in the community is sustainable beyond the presence of federal support. For example, you might describe how your community relationships will lead to community investment in the program's continued operation; how you will diversify your funding sources to include a wide range of stakeholders (such as state, local, and private sector funding); how your strategies for recruiting and supporting volunteers will sustain member activities after your AmeriCorps grant ends; or how the community will maintain your project once it is completed.

Who are your community stakeholders and partners? How are they involved in planning and implementing the proposed program?

c. Compliance and Accountability

How will your organization ensure compliance with AmeriCorps rules and regulations at the grantee, subgrantee, and service site locations (if applicable)? How will your organization prevent and detect compliance issues in general and specifically as it relates to prohibited activities? How will your organization hold itself, subgrantees, and service site locations (if applicable) accountable if instances of risk or noncompliance are identified?

Current Grantees and Former Grantees Only

e. Enrollment and Retention

Enrollment: If you enrolled less than 100% of slots received during your last full year of program operation, provide an explanation, and describe your plan for improvement. Enrollment rate is calculated as slots filled plus refill slots filled divided by slots awarded.

Retention: If you were not able to retain all of your members during your last full year of program operation, provide an explanation, and describe your plan for improvement. While we recognize retention rates may vary among equally effective programs depending on the program model, we expect grantees to pursue the highest retention rate possible. Retention rate is

calculated as the number of members exited with award (full or partial award) divided by the number of members enrolled.

f. Performance Targets and Demonstrated Compliance

Performance Targets: Describe your performance against objectives during your last full year of program operation. If you did not meet performance targets, provide an explanation and describe your plan for improvement.

Demonstrated Compliance: Describe any compliance issues and areas of weakness/risk identified during your last full year of program operation at your organization, your subgrantees, service sites (if applicable). If you, your subgrantees, and service sites (if applicable) had compliance or areas of weakness/risk identified, provide an explanation and describe the corrective action taken and your plan for improvement.

Multi-Site Applicants Only

g. Operating Sites and Member Service Sites

Identify your proposed operating sites and member service sites. Describe your process for selecting operating and service sites and ensuring they have adequate programmatic and financial capabilities to succeed. How will your site selection process incorporate the criteria required by the AmeriCorps regulations 45 CFR §2522.475 (quality, innovation, sustainability, quality of leadership, past performance, community involvement), and the special considerations found in 45 CFR §2522.450 (program models, program activities and programs supporting distressed communities)? What are your current or previous programmatic and funding relationships with the sites? If member service sites are not yet known, describe your timeline for selecting service sites.

h. Special Circumstances

In applying the organizational capability criteria, reviewers may also take into account the following circumstances of individual organizations: The age of your organization and its rate of growth; and whether your organization serves a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of philanthropic and corporate resources. In considering applications, the ICCSV and CNCS shall ensure the equitable treatment of applicants from urban areas, applicants from rural areas, and applicants of diverse sizes (as measured by the number of participants served).

If you feel that any of the circumstances stated above have an impact on your organizational capability that has not already been discussed, please describe the circumstance and how it affects your organizational capacity.

3. Cost Effectiveness and Budget Adequacy (25 percent)

For cost-reimbursement grants, reviewers will assess the extent to which:

- The budget is clear, reasonable, cost-effective, and in alignment with the program narrative.
- The requested funds do not exceed the maximum cost per Member Service Year (MSY), or for existing programs, have not increased over previous years. The amount requested is a competitive factor in the selection process.

For EAPs and Full-time Fixed-amount grants, reviewers will assess:

- The applicant's demonstrated understanding of total program cost and capacity to raise the additional resources beyond the fixed-amount provided by CNCS.
- The amount requested per member. Fixed-amount applicants are encouraged to request less than the full maximum amount allowed per MSY. The amount requested is a competitive factor in the selection process.

a. Cost Effectiveness

The cost per MSY is determined by dividing the CNCS share of budgeted grant costs by the number of MSYs requested in the application. It does not include childcare or the cost of the education award. One MSY is equivalent to at least 1700 service hours, a full-time AmeriCorps position.

The maximum allowable cost per MSY is published each year in the *Notice*. Cost effectiveness will be evaluated by analyzing cost per MSY in relation to your program design. If you request above the maximum, please justify. This is rarely approved.

Demonstrate how your program has or will obtain diverse resources for program implementation. Indicate how much funding your program needs from non-Corporation sources to support the project. Indicate the non-CNCS resource commitments (in-kind and cash) that you have obtained to date and the sources of these funds. Indicate what additional commitments you plan to secure, and how you will secure them.

b. Current Grantees Only:

Describe the extent to which you are increasing your share of costs to meet or exceed program goals, or the extent to which you are proposing deeper impact or broader reach without a commensurate increase in Federal funds.

Cost per MSY: Re-competing grantees requesting a higher cost per MSY than in the previous year must include a compelling rationale for this increased cost. **This applies even if the increased cost per MSY is less than the maximum or if the increase is due to increased costs associated with the grant.**

c. Special Circumstances

In applying the cost-effectiveness criteria, the ICCSV and CNCS may take into account the following circumstances of individual programs: program age, the extent to which your program expands to new sites; whether your program or project is located in a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of corporate or philanthropic resources; whether your program or project is located in a high-cost, economically distressed community, measured by applying appropriate Federal and State data; and whether the reasonable and necessary costs of your program or project are higher because they are associated with engaging or serving difficult-to-reach populations, or achieving greater program impact as evidenced through performance measures and program evaluation.

If you feel that any of the circumstances stated above have an impact on your organizational capability that has not already been discussed, please describe the circumstance and how it affects your organizational capacity.

d. Budget Adequacy

Unless you are applying for an EAP or Full-time Fixed-Amount grant, discuss the adequacy of your budget to support your program design including how it is sufficient to support your program activities and desired outputs and outcomes. Please explain how the cost of criminal history checks and FBI checks, if applicable, are covered if they are not included in the budget.

e. EAPs and Full-time Fixed-Amount Applicants (including Professional Corps Fixed Amount) Only

The extent to which a current grantee is increasing its share of costs will not be considered in assessing a fixed-amount application. However, all other indicators described under Cost Effectiveness and Budget Adequacy apply and the section will be weighted 25% of the total application.

Discuss how you will raise the additional resources you will need to manage and operate an AmeriCorps program. Identify the total amount you have budgeted to operate the program, including the fixed amount from the CNCS and grantee share and how your program determined that amount. Keep in mind that full-time AmeriCorps program costs include expenditures for the AmeriCorps living allowance, health care, and criminal history checks.

Education Award Programs are not required to pay living allowances or cover health care for less-than-full-time members, but must conduct criminal history checks. You will not be required to track or report on your expenditures. However, you must demonstrate that you have planned for total costs. Reviewers will assess the adequacy of your plan to secure resources to support your program design.

C. Evaluation Summary or Plan

If you are recompeting for AmeriCorps funds for the first time you must submit a summary of your evaluation efforts or plan to date. If you are recompeting for a subsequent time, you must submit your evaluation report according to the instructions in V. E., below. An evaluation report may be submitted in place of an evaluation plan.

Your evaluation requirements differ depending on the amount of your grant, as described in the AmeriCorps Regulations, Section 2522.710:

- If you are State and National grantee (other than an Education Award Program grantee), and your average annual CNCS program grant is \$500,000 or more, you must arrange for an external evaluation of your program, and you must submit the evaluation with any application to CNCS for competitive funds as required in §2522.730 of this subpart.
- If you are State and National grantee whose average annual CNCS program grant is less than \$500,000, or an Education Award Program grantee, you must conduct an internal or an external evaluation of your program, and you must submit the evaluation with any application to CNCS for competitive funds as required in §2522.730 of this subpart.

A formula program will be considered a recompeting application, if it satisfies the CNCS definition of “same project,” below, and has been funded in formula for at least one three-year cycle. If your project satisfies the definition of same project, and you have completed one three-year cycle, you will be required to submit an evaluation plan, summary, or evaluation report when you recompetite for the first time. If your project does not satisfy the definition, it will be considered new and will not be required to submit an evaluation plan, summary, or completed evaluation.

Two projects will be considered the same if they:

- Address the same issue areas.
- Address the same priorities.
- Address the same objectives.
- Serve the same target communities and population.
- Utilize the same sites.
- Use the same program staff and members.

IV. Performance Measures

All applicants must submit performance measures with their application. See Attachment B for instructions for entering performance measures. Applicants are encouraged to select performance measures from Tier 1, 2, 3. You will need to fill out and submit a Performance Worksheet as part of your application.

To access the Performance Measure Worksheet go to page 28 or to:

<http://www.nationalserviceresources.org/performance-measurement-worksheet>

For more information about Performance Measures go to:

<http://www.nationalserviceresources.org/star/ac>

For more information about the National Performance Measures go to:

<http://www.nationalserviceresources.org/national-performance-measures/home>.

V. Documents

In addition to the application, the proof of 501 © 3 status, and the organization’s A-133 audit, you may be required to provide your evaluation and/or labor union concurrence (if necessary – see B., below) in hard copy or e-mail, as part of your application.

A. Evaluation

Submit any completed evaluation plan or report as described in E., below. If an evaluation is required, you must submit a copy at the time of application even if you think OFBCI may already have it on file.

B. Labor Union Concurrence

- 1) If a program applicant:
 - a) Proposes to serve as the placement site for AmeriCorps members; and
 - b) Has employees engaged in the same or substantially similar work as that proposed to be carried out by AmeriCorps members; and

- c) Those employees are represented by a local labor organization, then the application must include the written concurrence of the local labor organization representing those employees. Written concurrence can be in the form of a letter or e-mail from the local union leadership.
- 2) If a program applicant:
 - a) Proposes to place AmeriCorps members at sites where they will be engaged in the same or substantially similar work as employees represented by a local labor organization, then the applicant must submit a written description of how it will ensure that:
 - i) AmeriCorps members won't be placed in positions that were recently occupied by paid staff
 - ii) No AmeriCorps member will be placed into a position for which a recently resigned or discharged employee has recall rights as a result of a collective bargaining agreement, from which a recently resigned or discharged employee was removed as a result of a reduction in force, or from which a recently resigned/discharged employee is on leave or strike.

For the purposes of this section, "program applicant" includes any applicant to CNCS or the ICCSV, as well as any entity applying for assistance or approved national service positions through a CNCS grantee or subgrantee.

If either 1) or 2) above applies to you, please select "Enter New," name the new document 1) "Labor Union Concurrence," or 2) "Displacement Assurance" and select "Sent."

C. Delinquent on Federal Debt

Any applicant that checks Yes to the question on federal debt delinquency must submit a complete explanation.

D. Submission Instructions for Evaluations, Labor Union Concurrence, and Indirect Cost Rate Agreements

Please submit the required documents to jgaskill@ofbci.in.gov. All submissions must be made by 5:00 P.M. on November 1, 2011.

VI. Budget Instructions

(Please use the budget worksheet found on page 30)

For Fixed-Amount grants, including EAPs: Use the Budget Instructions for Fixed-Amount applicants (page 23) and the Budget Worksheet (page 34) to prepare your budget.

A. Match Requirements

Program requirements, including requirements on match are located in the AmeriCorps regulations and summarized below.

Table 2: Match Requirements in the AmeriCorps Regulations

Competition	Match Requirement
State Formula and Competitive including Professional Corps	Minimum grantee share is 24% of program costs for the first three years. Overall grantee share of total program costs increases gradually beginning in Year 4 to 50% by the tenth year of funding and any year thereafter.
EAP Fixed-Amount Grants	There are no specific match requirements for fixed-amount grants. Grantees pay all program costs over \$800 per MSY provided by CNCS.
Professional Corps Fixed-Amount Grants	There are no specific match requirements for fixed-amount grants. Grantees pay all program costs over the \$2,000 per MSY provided by CNCS.
Full-time Fixed-Amount Grants	There are no specific match requirements for fixed-amount grants. Grantees pay all program costs over the \$13,000 per MSY provided by CNCS

- If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project's total Operating Costs (Section I) plus Member Costs (Section II) plus Administrative Costs (Section III). If you are recompeting, please see 45 CFR 2521.40-2521.95 for the match schedule.
- The acceptable sources of matching funds are federal, state, local, private sector, and/or other funds in accordance with applicable AmeriCorps requirements.
- In Section III of the budget, enter a brief description of the source of match. Identify each match source separately. Include dollar amount, the match classification (cash, in-kind, or Not Available) and the source type (Private, State/Local, Federal, Other or Not Available),. Define all acronyms the first time they are used.

Note: The CNCS legislation permits the use of non-CNCS federal funds as match for the grantee share of the budget. Please discuss your intention of using federal funds to match an AmeriCorps grant with the other agency prior to submitting your application. Section 121(e)(5) of the National Community Service Act requires that grantees that use other federal funds as match for an AmeriCorps grant report the amount and source of these funds to CNCS. If you use other federal funds as match, you must ensure you can meet the requirements and purpose of both grants. The Federal Financial Report (FFR) will be used to collect the federal match data. Grantees that use federal funds as match will be required to report the sources and amounts on the FFR.

B. Preparing Your Budget

Your proposed budget should be sufficient to allow you to perform the tasks described in your narrative. Reviewers will consider the information you provide in this section in their assessment of the Cost-Effectiveness and Budget Adequacy selection criterion.

Prior to submission be sure to review the budget checklist (Attachment E) to ensure your budget is compliant. You must resolve all errors before you can submit your budget.

As you prepare your budget:

- All the amounts you request must be defined for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- Itemize each cost and present the basis for all calculations in the form of an equation.

- Do not include unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).

Please refer to the relevant OMB Circulars on allowable costs for further guidance. The OMB circulars are online at www.whitehouse.gov/OMB/circulars.

- A-21 - Cost Principles for Educational Institutions, 2 CFR 220
- A-87 - Cost Principles for State, Local, and Indian Tribal Governments, 2 CFR 225
- A-122 - Cost Principles for Non Profit Organizations, 2 CFR 230

Programs must comply with all applicable federal laws, regulations, and OMB circulars for grant management, allowable costs, and audits, including providing audits to the A-133 clearinghouse if expending over \$500,000 in federal funds, as required in OMB Circular A-133.

Detailed Budget Instructions

Section I. Program Operating Costs

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the “Total Amount,” “CNCS Share,” and “Grantee Share” for Parts A-I, for Year 1 of the grant, as follows:

A. Personnel Expenses

Under “Position/Title Description,” list each staff position separately and provide salary and percentage of effort as percentage of FTE devoted to this award. Each staff person’s role listed in the budget must be described in the application narrative and each staff person mentioned in the narrative must be listed in the budget as either CNCS or Grantee share. Because the purpose of this grant is to enable and stimulate volunteer community service, do not include the value of direct community service performed by volunteers. However, you may include the value of volunteer services contributed to the organization for organizational functions such as accounting, audit work, or training of staff and AmeriCorps members.

B. Personnel Fringe Benefits

Under “Purpose/Description,” identify the types of fringe benefits to be covered and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include FICA, Worker’s Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If a fringe benefit amount is over 30%, please list covered items separately and justify the high cost. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates, but are absorbed into the personnel expenses (salary) budget line item.

C. 1. Staff Travel

Describe the purpose for which program staff will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other travel-related expenses

multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. The standard mileage reimbursement should not exceed the federal mileage rate unless a result of applicant policy and justified in the budget narrative. Only domestic travel is allowable.

We expect all applicants to include funds in this line item for travel for staff and site staff to attend CNCS-sponsored technical assistance meetings. There are two to three such opportunities per year, including the Financial Management Institute and the Annual National Conference.

Please itemize the costs. For example: Two staff members will attend the National Conference 2 staff X \$750 airfare + \$50 ground transportation + (1 day) X \$400 lodging + \$35 per diem = \$2,470 for Annual Grantee Meeting.

C. 2. Member Travel

Describe the purpose for which members will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other related expenses for members to travel outside their service location or between sites. Costs associated with local travel, such as bus passes to local sites, mileage reimbursement for use of car, etc., should be included in this budget category. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information.

Please note that for both staff and member travel, the OFBCI will only reimburse the federal share based on the following state rates:

- **Mileage:** \$.44 per mile
- **Per Diem:** \$13 per day for one-day in-state trip; \$26 per day for in-state overnight trips; \$32 per day for out-of-state travel
- **Lodging:** \$89 plus applicable taxes for in-state; \$97 plus applicable taxes for Indianapolis
- **Parking:** \$9 per day maximum

Your organization's travel policies dictate actual reimbursements to staff and Members. Any amount over those amounts noted above *may be used as match*.

D. Equipment

Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of **\$5,000 or more per unit** (including accessories, attachments, and modifications). Any items that do not meet this definition should be entered in E. Supplies below. Purchases of equipment are limited to 10% of the total CNCS funds requested. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment under Item/Purpose.

E. Supplies

Include the amount of funds to purchase consumable supplies and materials, including member service gear and equipment that does not fit the definition above. You must individually list any

single item costing \$1,000 or more. Except for safety equipment, grantees may only charge the cost of member service gear to the federal share if it includes the AmeriCorps logo. Grantees may also add the AmeriCorps logo to their own local program uniform items using federal funds. All safety gear may be charged to the federal share, regardless of whether it includes the AmeriCorps logo. All other service gear must be purchased with non-CNCS funds.

F. Contractual and Consultant Services

Include costs for consultants related to the project's operations, except training or evaluation consultants, who will be listed in Sections G. and H., below. Payments to individuals for consultant services under this grant should not exceed \$750 per day (excluding costs for travel, supplies, etc.). The \$750 daily rate is a ceiling, and we anticipate budgeted daily rates at considerably lower levels. Indicate the daily rate, number of days, and total cost for consultants you are proposing to use and their contractual services. Daily rates over the maximum amount should be justified in the narrative.

G. 1. Staff Training

Include the costs associated with training staff on project requirements and training to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the maximum daily rate limit of \$750.

G. 2. Member Training

Include the costs associated with member training to support them in carrying out their service activities. You may also use this section to request funds to support training in Life after AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the daily rate limit.

H. Evaluation

Include costs for project evaluation activities, including additional staff time or subcontracts, use of evaluation consultants, purchase of instrumentation, and other costs specifically for this activity not budgeted in Personnel Expenses. This cost does not include the daily/weekly gathering of data to assess progress toward meeting performance measures, but is a larger assessment of the impact your project is having on the community, as well as an assessment of the overall systems and project design. Indicate daily rates of consultants, where applicable.

I. Other Program Operating Costs

Allowable costs in this budget category should include when applicable:

- Criminal history background checks for all members and for all employees or other individuals who receive a salary, education award, living allowance, or stipend or similar payment from the grant (federal or non-federal share).
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Utilities, telephone, internet and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organization's indirect cost

allocation pool. If such expenses are budgeted and shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.

- Recognition costs for members. List each item and provide a justification in the budget narrative. Gifts and/or food in an entertainment/event setting are not allowable costs.
- Multi-state applicants: Indicate the number of subgrants and the average amount of subgrants. Indicate any match that you will require of your subgrants under the “grantee share” column in this category. Subgranted funds may only cover costs allowable under federal and AmeriCorps regulations and provisions.

Section II. Member Costs

Member Costs are identified as “Living Allowance” and “Member Support Costs.” Your required match can be federal, state, local, or private sector funds.

A. Living Allowance

The narrative should clearly identify the number of members you are supporting by category (i.e., full-time, half-time, reduced-half-time, quarter-time, minimum-time) and the amount of living allowance they will receive, allocating appropriate portions between the CNCS share (CNCS Share) and grantee match (Grantee Share).

The minimum and maximum living allowance amounts are provided below.

Minimum and Maximum Living Allowance

Service Term	Minimum # of Hours	Minimum Living Allowance	Maximum Total Living Allowance
Full-time	1700	\$12,100	\$24,200
One-year Half-time	900	n/a	\$12,800
Two-year Half-time	900	n/a	\$12,800
Reduced Half-time	675	n/a	\$9,600
Quarter-time	450	n/a	\$6,400
Minimum-time	300	n/a	\$4,300

Enter the total number of members you are requesting in each category. Enter the average amount of the living allowance for each type of member. In addition, enter the number of members for which you are not requesting funds for a living allowance, but for which you are requesting education awards.

B. Member Support Costs

Consistent with the laws of the states where your members serve, you must provide members with the benefits described below.

- **FICA.** Unless exempted by the IRS, all projects must pay FICA for any member receiving a living allowance, even when CNCS does not supply the living allowance. If exempted, please note in the narrative. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.

- **Worker's Compensation.** Some states require worker's compensation for AmeriCorps members. You must check with State Departments of Labor or State Commissions where members serve to determine if you are required to pay worker's compensation and at what level. If you are not required to pay worker's compensation, you must obtain Occupational, Accidental, Death and Dismemberment coverage for members to cover in-service injury or accidents.
- **Health Care.** You must offer or make available health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below, you may not pay health care benefits to less-than-full-time members with CNCS funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-federal) but the cost cannot be included in the budget. Less-than-full-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) are eligible for health care benefits. In your budget narrative, indicate the number of members who will receive health care benefits. CNCS will not pay for dependent coverage.
- **Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. Some states require unemployment coverage for their AmeriCorps members. You may not charge the cost of unemployment insurance taxes to the grant unless mandated by state law. Programs are responsible for determining the requirements of state law by consulting State Commissions, legal counsel, or the applicable state agencies.

Budgeting for Indiana AmeriCorps*State Events:

For Staff: Your budget should include support for staff attendance at OFBCI-sponsored trainings and events in or near Indianapolis, including a Program Directors' summer orientation (tentatively scheduled for 2 days), Opening Ceremony and Governor's Conference, a member retreat and 3-4 additional, full-day training dates during the year. This includes per diem, hotel, parking, and mileage. In addition to these costs, please include up to \$100 for potential registration fees.

For Members: Your budget should include support for member attendance at OFBCI-sponsored trainings and events in or near Indianapolis, including Opening Ceremony, Governor's Conference, and a member retreat. This includes per diem, hotel (when needed), parking, and mileage. It is assumed that you will encourage all members to carpool and share hotel rooms whenever possible. In addition to these costs, please include up to \$50 for potential registration fees for each member you plan to have attend.

Section III. Administrative/Indirect Costs

Definitions

Administrative costs are general or centralized expenses of the overall administration of an organization that receives CNCS funds and do not include particular project costs. These costs may include administrative staff positions. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the

organization's indirect cost rate agreement. Such costs are generally identified with the organization's overall operation and are further described in Office of Management and Budget Circulars A-21, A-87, and A-122.

Options for Calculating Administrative/Indirect Costs (choose either A OR B)

Applicants choose one of two methods to calculate allowable administrative costs – a CNCS-fixed percentage rate method or a federally approved indirect cost rate method. Regardless of the option chosen, the CNCS share of administrative costs is limited to 5% of the total CNCS funds **actually expended** under this grant.

A. CNCS-Fixed Percentage Method

Five Percent Fixed Administrative Costs Option

The CNCS-fixed percentage rate method allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the CNCS-fixed percentage rate method (Section IIIA) you may charge, for administrative costs, a fixed 5% of the total of the CNCS funds expended. In order to charge this fixed 5%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures.

1. To determine the maximum CNCS share for Section III: Multiply the sum of the CNCS funding shares of Sections I and II by 0.0526. This is the maximum amount you can request as Corporation share. The factor 0.0526 is used to calculate the 5% maximum amount of federal funds that may be budgeted for administrative (indirect) costs, rather than 0.0500, as a way to mathematically compensate for determining Section III costs when the total budget (Sections I + II + III) is not yet established. Enter this amount as the CNCS share for Section III A.
2. To determine the Grantee share for Section III: Multiply the total (both Corporation and grantee share) of Sections I and II by 10% (0.10) and enter this amount as the grantee share for Section III A.
3. Enter the sum of the CNCS and grantee shares under Total Amount.

The ICCSV elects to retain a 1% share of the 5% of federal funds available to programs for administrative costs. To calculate these fractional shares, within Section III of the subgrant budget, **one-fifth (20%) of the federal dollars budgeted for administrative costs is allocated to the commission's share and four-fifths (80%) of the federal dollars budgeted for administrative costs are allocated to the program's share. The allocation between commission and program shares should be calculated as follows:**

$([\text{Section I}] + [\text{Section II}] \times 0.0526) \times (0.20) = \text{Commission Share}$

$([\text{Section I}] + [\text{Section II}] \times 0.0526) \times (0.80) = \text{Subgrantee Share}$

B. Federally Approved Indirect Cost Rate

If you have a federally approved indirect cost rate and choose to use it, the rate will constitute documentation of your administrative costs, including the 5% maximum payable by CNCS. Specify the Cost Type for which your organization has current documentation on file, i.e.,

Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved IDC rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). It is at your discretion whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

1. Determine the base amount of direct costs to which you will apply the IDC rate, including both the CNCS and Grantee shares, as prescribed by your established rate agreement (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.
2. To determine the CNCS share: Multiply the sum of the CNCS funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the CNCS share of indirect costs.
3. To determine the Grantee share: Subtract the amount calculated in step b (the CNCS administrative share) from the amount calculated in step a (the Indirect Cost total). This is the amount the applicant can claim as grantee share for administrative costs.

Source of Match

In the “Source of Match” field that appears at the end of Budget Section III, enter a brief description of the Source of Match, the amount, the match classification (Cash, In-kind, or Not Available) and Match Source (State/Local, Federal, Private, Other or Not Available) **for your entire match**. Define any acronyms the first time they are used.

Detailed Budget Instructions for Fixed-amount Grants

These instructions apply only to applicants for fixed-amount grants, including education award programs (EAPs).

EAP and Fixed-Amount Grant applicants may only request a fixed amount of funding per MSY. Therefore, Fixed-Amount applicants are not required to complete a detailed budget. In addition, the matching requirements in 45 CFR §§ 2521.40– 2521.95 do not apply to EAP and other Fixed-Amount grant applicants. Fixed-Amount applicants, except for EAP applicants, must include only full-time members.

Budget Section II. AmeriCorps Member Positions

A. Budget Section II: Full-Time Fixed-Amount Grants

Enter the number of full-time positions you are requesting under the column labeled without (w/o) living allowance. You may not request less than full-time positions unless you are applying for an Education Award Program.

Under “calculation” you will enter the calculation for your grant request. **Leave all other columns blank.**

Member Positions	Cost per MSY	Total Cost
_____ Full-time (1700 hours) x	\$ _____ =	\$ _____

Enter the total amount requested in the “Total Amount” & “CNCS Share” columns. Leave the “Grantee Share” blank.

Please note that the final amount that a program receives will be adjusted to reflect actual hours served if a member does not serve the minimum number of hours necessary to complete a full term of service.

B. Section II: EAPs

Member Positions

Identify the number of Education Award members you are requesting by category (i.e. full-time, half-time, reduced half-time, quarter-time, minimum-time) and list under the column labeled **#w/o Allow** (without CNCS-funded living allowance.) **Leave all other columns blank.**

The total number of member service years (MSY) will **automatically calculate** at the bottom of the Member Positions chart. The MSY are calculated as follows:

Member Positions	Calculation	MSY
_____ Full-time (1700 hours)	(_____ members x 1.000)	= _____
_____ 1-Year Half-time (900 hours)	(_____ members x 0.500)	= _____
_____ 2-Year Half-time (1 st Year) (generally 450 hours)	(_____ members x 0.500)	= _____
_____ 2-Year Half-time (2 nd Year)* (generally 450 hours)	(_____ members x 0.000)*	= _____
_____ Reduced half-time (675 hours)	(_____ members x 0.3809524)	= _____
_____ Quarter-time (450 hours)	(_____ members x 0.26455027)	= _____
_____ Minimum-time (300 hours)	(_____ members x 0.21164022)	= _____
Total MSY		_____

** Grantees receive the total amount for 2-Year Half-time members in the first year. Therefore, 2-Year Half-time members serving in their second year are not included in the calculation for funds.*

Under “Calculation,” you will enter the calculation for your grant request. Applicants may request up to \$800 per member service year (MSY).

Display your calculation in the following format:

Total # of MSYs _____ x MSY amount (up to \$800)_____ = Total Grant Request \$_____

Type the total amount requested in the “Total Amount” & “CNCS Share” columns. Leave the “Grantee Share” blank. See example below:

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share	edit	del
Program Grant Request	47.5 MSY	\$38,000	\$38,000	\$0		
	X \$800/MSY				view	
Subtotal		\$38,000	\$38,000	\$0		

ATTACHMENT A: Issue Areas and Service Categories

In this section you will select service categories that describe your program activities. First select an issue area, and then choose one or more service categories. When you have selected all applicable service categories, indicate which service category is the primary one by entering a 1 next to the check box, and which is the secondary by entering a 2 next to the checkbox. Only one service category can be indicated as the primary, and one as the secondary.

Issue Areas and Service Categories (Issue Areas in Bold)

☐ **Community and Economic Development**

- ☐ Community-based Volunteer Programs
- ☐ Community Revitalization/Improvement
- ☐ Consumer Education
- ☐ Cooperatives/Credit Unions
- ☐ Food Production/Community Gardens/Farming
- ☐ Job Development/Placement
- ☐ Management Consulting
- ☐ Micro Enterprise
- ☐ Other Economic and Community Development
- ☐ Public Safety
- ☐ Regional/State/City Planning
- ☐ Small/Minority Business Development
- ☐ Social Services Planning & Delivery Systems/Community Organization
- ☐ Tax Counseling/Counseling
- ☐ Technology Access
- ☐ Thrift Store
- ☐ Transportation Services
- ☐ Welfare to Work

☐ **Disaster Recovery/Relief**

- ☐ Disaster Mitigation
- ☐ Disaster Preparedness
- ☐ Disaster Recovery
- ☐ Disaster Response
- ☐ Other Disaster

☐ **Education**

- ☐ Adult Education and Literacy
- ☐ After School Programs
- ☐ America Reads
- ☐ Computer Literacy
- ☐ Cultural Heritage
- ☐ ESL
- ☐ Elementary Education
- ☐ GED/Dropouts
- ☐ Head Start/School Preparedness
- ☐ Job Preparedness/School to Work
- ☐ Library Services
- ☐ Other Education
- ☐ Pre-Elementary Day Care
- ☐ Secondary Education
- ☐ Service-Learning
- ☐ Special Education

☐ Tutoring & Child Literacy—Elementary

- ☐ Tutoring & Child Literacy—High School
- ☐ Tutoring & Child Literacy—Middle School
- ☐ Vocational Education
- ☐ Youth Leadership/Development

☐ **Environment**

- ☐ Clean Air
- ☐ Clean and Safe Water
- ☐ Community Restoration/Clean Up
- ☐ Energy Conservation
- ☐ Environmental Awareness
- ☐ Indoor Environment
- ☐ Other Environment
- ☐ Toxic Waste Management
- ☐ Waste Reduction, Management, and Recycling
- ☐ Wildlife, Land & Vegetation Protection or Restoration

☐ **Health/Nutrition**

- ☐ Boarder Babies
- ☐ CHIOS/SCHIPS
- ☐ Congregate Meals
- ☐ Delivery of Health Services
- ☐ Food Distribution/Collection
- ☐ HIV/AIDS
- ☐ Health Education
- ☐ Health Screening
- ☐ Hospice/Terminally Ill
- ☐ Immunization
- ☐ In-Home Care
- ☐ Maternal/Child Health Services
- ☐ Mental Health
- ☐ Mental Retardation
- ☐ Other Health/Nutrition
- ☐ Physical Disabilities Programs
- ☐ Substance Abuse

☐ **Homeland Security**

- ☐ Disaster Preparedness/Relief
- ☐ Public Health
- ☐ Other Homeland Security

- ☐ Public Safety
- ☐ **Human Needs**
 - ☐ Adoption
 - ☐ Adult Day Care/Senior Center
 - ☐ Companionship/Outreach
 - ☐ Crisis Intervention
 - ☐ Intensive Mentoring (at least 1 hour weekly for at least 9 months)
 - ☐ Mentoring
 - ☐ Other Human Needs
 - ☐ Respite
 - ☐ Senior Center Program (Non Residential)
 - ☐ Senior Citizen Assistance
 - ☐ Teen Pregnancy/Abstinence/Parent Support

- ☐ **Housing**
 - ☐ Home Management Support/Education

- ☐ Homeless
- ☐ Housing Referrals/Relocation/Other
- ☐ Housing Rehabilitation/Construction
- ☐ Independent Living—Disabled
- ☐ Independent Living—Seniors
- ☐ Other Housing
- ☐ Tenant Organizing
- ☐ Transitional Housing
- ☐ **Public Safety**
 - ☐ Adult Offender/Ex-Offender Services/Rehabilitation
 - ☐ Child Abuse/Neglect
 - ☐ Children & Youth Safety Programs
 - ☐ Community Policing/Community Patrol
 - ☐ Conflict Resolution/Mediation
 - ☐ Crime Awareness/Crime Avoidance
 - ☐ Elder Abuse/Neglect
 - ☐ Family Violence
 - ☐ Improvement of Household Security
 - ☐ Juvenile Justice, Delinquency, Gangs
 - ☐ Legal Assistance
 - ☐ Neighborhood Watch/Block Watch
 - ☐ Other Public Safety
 - ☐ Safe Havens
 - ☐ Safety/Fire Prevention/Accident Prevention
 - ☐ Sexual Abuse/Rape
 - ☐ Victim/Witness Assistance

ATTACHMENT B: Performance Measure Worksheet

Please fill in the performance measure information for each section.
General Info
Performance Measurement Title:
Measure Category (choose one): Needs and Service Activities Participant Development Strengthening Communities
Service Category addressed by this Performance Measure Worksheet
Needs and Activities
Briefly describe the need to be addressed (1-3 sentences):
Briefly describe how you will achieve this result (1-3 sentences):
How many AmeriCorps members will be participating in this activity?
How many days per week (on average) will this activity occur?
How many hours per day (on average) will this activity occur?
When does this activity begin?
When does this activity end?
Results
The outputs and outcomes you intend to track for a particular activity:
Result Type
Outputs are counts of the amount of service members or volunteers have completed, but do not provide information on benefits to or other changes in the lives of members and/or beneficiaries.
Intermediate-outcomes specify changes that have occurred in the lives of members and/or beneficiaries, but are short of a significant benefit for them.

Result: Output
Result Statement: 1-2 sentences stating the expected result.
Indicator: A specific, measurable item of information that specifies progress toward achieving a result. Indicator:
Targets
Target Description:
(number) or % (percent):
Instruments: Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).
Result: Intermediate Outcome
Result Statement: 1-2 sentences stating the expected result.
Indicator: A specific, measurable item of information that specifies progress toward achieving a result. Indicator:
Targets
Target Description:
(number) or % (percent):
Instruments: Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).

ATTACHMENT C: Budget Worksheet

Section I. Program Operating Costs

A. Personnel Expenses

Position/Title/Description	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share
Totals						

B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

C.1. Staff Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

C. 2. Member Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

D. Equipment

Item/ Purpose/Justification	Qty	Unit Cost	Total Amount	CNCS Share	Grantee Share
Totals					

E. Supplies

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

F. Contractual and Consultant Services

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

G.1. Staff Training

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

G.2. Member Training

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

H. Evaluation

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

I. Other Program Operating Costs

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

Subtotal Section I:			Total Amount	CNCS Share	Grantee Share

Section II. Member Costs

A. Living Allowance

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	CNCS Share	Grantee Share
Full Time (1700 hrs)						
Half Time (900 hrs)						
1st Year of 2-Year Half Time						
2 nd Year of 2-Year Half Time						
Reduced Half Time (675 hrs)						
Quarter Time (450 hrs)						
Minimum Time (300 hrs)						
Totals						

B. Member Support Costs

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

Subtotal Section II:	Total Amount	CNCS Share	Grantee Share
Subtotal Sections I + II:			

Section III. Administrative/Indirect Costs

A. CNCS-fixed Percentage Rate

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

B. Federally Approved Indirect Cost Rate

Cost Type	Cost Basis	Calculation	Rate	Rate Claimed	Total Amount	CNCS Share	Grantee Share

Total Sections I + II + III:	Total Amount	CNCS Share	Grantee Share

Budget Total: Validate this budget Required Match Percentages:	Total Amount	CNCS Share	Grantee Share

Source of Match

Source(s), Type, Amount, Intended Purpose				
In-kind	Private \$	State and/or Local \$	Federal \$	Sources .
Cash	\$	\$	\$	
Total	\$	\$	\$	

ATTACHMENT D: Budget Worksheet for Fixed-Amount Grants

If you are applying for a Full-Time Fixed-Amount grant, complete only the full-time fields in this table. Education Award Program applicants may complete other than full-time fields.

Item	# Mbrs	Allowance Rate	# w/o Allow	Total Amount	CNCS Share	Grantee Share		
Full Time (1700 hrs)								
1-Year Half Time (900 hrs)								
2-Year Half Time (1 st Year)								
2-Year Half Time (2 nd Year)								
Reduced Half Time (675 hrs)								
Quarter Time (450 hrs)								
Minimum Time (300 hrs)								
Subtotal							MSY	Cost/MSY

Member Positions

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Program Grant Request				
Subtotal				

ATTACHMENT E: Budget Checklist

Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements.

In Compliance?	Section I. Program Operating Costs
Yes ___ No ___	Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project? Examples include costs for staff that recruit, train, place, or supervise members as well as manage the project.
Yes ___ No ___	Staff indirectly involved in the management or operation of the applicant organization is funded through the administrative cost section (Section III.) of the budget? Examples of administrative costs include central management and support functions.
Yes ___ No ___	Staff fundraising expenses are not charged to the grant? You may not charge AmeriCorps staff members' time and related expenses for fundraising to the federal or grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses.
Yes ___ No ___	All positions in the budget are fully described in the narrative?
Yes ___ No ___	The types of fringe benefits to be covered and the costs of benefit(s) for each staff position are described? Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If the fringe amount is over 30%, please list separately. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item?
Yes ___ No ___	Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item?
Yes ___ No ___	The purpose for all staff and member travel is clearly identified?
Yes ___ No ___	You have budgeted funds for staff travel to CNCS sponsored meetings in the budget narrative under Staff Travel?
Yes ___ No ___	Funds to pay relocation expenses of AmeriCorps members are not in the federal share of the budget?
Yes ___ No ___	Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount?
Yes ___ No ___	All single equipment items over \$5000 per unit are specifically listed?
Yes ___ No ___	Justification/explanation of equipment items is included in the budget narrative?
Yes ___ No ___	All single supply items over \$1000 per unit are specifically listed?
Yes ___ No ___	You only charged to the federal share of the budget member service gear that includes the AmeriCorps logo, with the exception of safety equipment?
Yes ___ No ___	Are all consultant services budgeted below the maximum federal daily rate of \$750/day? Is the daily rate noted in all sections of the budget narrative where consultants are proposed?
Yes ___ No ___	Does the budget reflect adequate budgeted costs for project evaluation?
Yes ___ No ___	Have you provided budgeted costs for background checks of members and grant-funded staff that are in covered positions per 45 CFR 2522.205?
Yes ___ No ___	Are all items in the budget narrative itemized and the purpose of the funds justified?

In Compliance?	Section II. Member Costs
Yes ___ No ___	Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance. Note: Programs in existence prior to September 21, 1993 may offer a lower living allowance than the minimum. If such a program chooses to offer a living allowance, it is exempt from the minimum requirement, but not from the maximum requirement.
Yes ___ No ___	Living allowances are not paid on an hourly basis? They may be calculated using service hours and program length to derive a weekly or biweekly distribution amount. Divide the distribution in equal increments that are not based on the specified number of hours served.
Yes ___ No ___	Is FICA calculated correctly? You must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, calculate FICA at 7.65% of the total amount of the living allowance.
Yes ___ No ___	Is the Worker's Compensation calculation correct? Some states require worker's compensation for AmeriCorps members. Check with your local State Department of Labor or State Commission to determine whether or not you are required to pay worker's compensation and at what level (i.e., rate). If you are not required to pay worker's compensation, you need to provide similar coverage for members' on-the-job injuries through their own existing coverage or a new policy purchased in accordance with normal procedures (i.e., Death and Dismemberment coverage).
Yes ___ No ___	Health care is provided for full-time AmeriCorps members only (unless part-time serving in a full-time capacity)? If your project chooses to provide health care to other half-time members, you may not use federal funds to help pay for any portion of the cost. Projects must provide health care coverage to all full-time members who do not have adequate health care coverage at the time of enrollment or who lose coverage due to participation in the project. In addition, projects must provide coverage if a full-time member loses coverage during the term of service through no deliberate act of his/her own.

In Compliance?	Section III. Administrative/Indirect Costs
Yes ___ No ___	Applicant has chosen Option A – CNCS-fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? To determine the federal administrative share, multiply all other budgeted federal funds by .0526.
Yes ___ No ___	Applicant has chosen Option A – CNCS fixed percentage method and the maximum grantee share is at 10% or less of total budgeted funds?
Yes ___ No ___	Applicant has chosen Option B – federally approved indirect cost rate method and documentation submitted to CNCS if multi-state, state or territory without commission or Indian Tribe applicant? Administrative costs budgeted include the following: (1) indirect costs such as legal staff, central management and support functions; (2) costs for financial, accounting, audit, internal evaluations, and contracting functions; (3) costs for insurance that protects the entity that operates the project; and (4) the portion of the salaries and benefits of the director and any other project administrative staff not attributable to the time spent in direct support of a specific project.
Yes ___ No ___	Applicant has chosen Option B – The maximum grantee share does not exceed the federally approved rate, less the 5% CNCS share?

In Compliance?	Match
Yes ___ No ___	Is the overall match being met at the required level, based on the year of funding?

ATTACHMENT F: Alternative Match Instructions

Grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as the minimum match of 24% for the first three years, and the increasing minimums in years thereafter, are maintained. See 45 CFR §§ 2521.35–2521.90 for the specific regulations.

Special Circumstances for an Alternative Match Schedule: Under certain circumstances, applicants may qualify to meet alternative matching requirements that increase over the years to 35% instead of 50% as specified in the regulations at §2521.60(b). To qualify, you must demonstrate that your program is either located in a rural county or in a severely economically distressed community as defined below.

A. Rural County: In determining whether a program is rural, CNCS will consider the most recent Beale code rating published by the U.S. Department of Agriculture for the county in which the program is located. Any program located in a county with a Beale code of 6, 7, 8 or 9 is eligible to apply for the alternative match requirement. See Attachment K for the Table of Beale codes.

B. Severely Economically Distressed County: In determining whether a program is located in a severely economically distressed county, CNCS will consider the following list of county-level characteristics. See Attachment K for a list of website addresses where this publicly available information can be found.

- The county-level per capita income is less than or equal to 75 percent of the national average for all counties using the most recent census data or Bureau of Economic Analysis data;
- The county-level poverty rate is equal to or greater than 125 percent of the national average for all counties using the most recent census data; and
- The county-level unemployment is above the national average for all counties for the previous 12 months using the most recently available Bureau of Labor Statistics data.
- The areas served by the program lack basic infrastructure such as water or electricity.

C. Program Location: Except when approved otherwise, CNCS will determine the location of your program based on the legal applicant's address. If you believe that the legal applicant's address is not the appropriate way to consider the location of your program, you must provide relevant facts about your program location in your request. CNCS will, in its sole discretion, determine whether some other address is more appropriate for determining a program's location.

If your program is located in one of these areas, see the instructions below for applying for this alternative match schedule. You must submit your request to the alternative schedule no later than 5:00PM (ET), November 1, 2011. ICCSV staff will review your request and notify you within 30 days if you qualify for the alternative schedule and provide instructions for entering your budget into eGrants under the Alternative Match Schedule.

If approved for the alternative schedules, programs will base their budget in the upcoming application on the approved alternative match. The alternative match requirement will be in

effect for whatever portion of the three-year project period remains or if applying as a new grantee, for the upcoming three-year grant cycle.

D. Instructions for the Alternative Match Schedule: Programs must send their requests to the ICCSV for review and approval. The Commission will then forward the approved request to CNCS for consideration.

Submit e-mail applications to jgaskill@ofbci.in.gov no later than 5pm on November 1, 2011:

E-mail subject line: AmeriCorps Alternative Match Request

Send your request in memo format. You must respond to each item below. Please include both the item and your response in your request.

1. Basis of Request

- a. Identify the basis for your request as either a rural county or a severely economically distressed community as described above.
- b. Describe where your program operates and include the address of the legal applicant.

2. Rural Counties

- c. Describe the economic conditions.
- d. Confirm that your county has a Beale code of 6, 7, 8, or 9.

3. Economically Distressed Counties:

- e. Provide your county per-capita income, poverty, and unemployment levels.
- f. Demonstrate that your county per-capita income, poverty, and unemployment levels are above or below the national averages. Identify the data source(s) used to make your determination.
- g. Provide any other statistics you deem relevant to demonstrate your county is economically distressed.

4. Program Location: If you believe the location of your program should not be based on the address of the legal applicant, describe your justification for requesting an alternative location(s).

5. Other: Provide any other justification and information for your request that is not presented in the responses to the above.

ATTACHMENT G: Beale Codes and County-Level Economic Data

Rural Community

Beale codes are published by the U.S. Department of Agriculture and are used to classify counties as being more urban or more rural. Counties are designated on a scale from one to nine according to the following descriptions:

2003 Beale Codes		
Code#	Metropolitan Type	Description
1	Metropolitan	Counties in metro areas of 1 million population or more
2	Metropolitan	Counties in metro areas of 250,000 to 1 million
3	Metropolitan	Counties in metro areas of fewer than 250,000
4	Non-metro	Urban population of 20,000 or more, adjacent to a metropolitan area
5	Non-metro	Urban population of 20,000 or more, not adjacent to a metropolitan area
6	Non-metro	Urban population of 2,500 to 19,999, adjacent to a metropolitan area
7	Non-metro	Urban population of 2,500 to 19,999, not adjacent to a metropolitan area
8	Non-metro	Completely rural or less than 2,500 urban population, adjacent to a metropolitan area
9	Non-metro	Completely rural or less than 2,500 urban population, not adjacent to a metropolitan area

Any program located in a county with a Beale code of 6, 7, 8, or 9 is eligible to apply for the alternative match.

Severely Economically Distressed Community

The following table provides the website addresses where the publicly available information on county-level economic data including per capita income, poverty rate, and unemployment levels can be found.

WEBSITE ADDRESS	EXPLANATION
www.econdata.net	Econdata.Net: This site Links to a variety of social and economic data by states, counties and metro areas.

WEBSITE ADDRESS	EXPLANATION
http://www.bea.gov/regional/	Bureau of Economic Analysis' Regional Economic Information System (REIS): Provides data on per capita income by county for all states except Puerto Rico.
www.census.gov/hhes/www/saipo/index.html	Census Bureau's Small Area Poverty Estimates: Provides data on poverty and population estimates by county for all states except Puerto Rico.
www.census.gov/main/www/cen2000.html	Census Bureau's American Fact-finder: Provides all 1990 and 2000 census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas including Puerto Rico.
www.bls.gov/lau/home.htm	Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS): Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.
http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/	US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes): Provides urban rural code for all counties in US.
www.census.gov/hhes/www/saipo/index.html	Census Bureau's Small Area Poverty Estimates: Provides data on poverty and population estimates by county for all states except Puerto Rico.
www.census.gov/main/www/cen2000.html	Census Bureau's American Fact-finder: Provides all 1990 and 2000 census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas including Puerto Rico.
www.bls.gov/lau/home.htm	Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS): Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.

WEBSITE ADDRESS	EXPLANATION
http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/	US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes): Provides urban rural code for all counties in US.
